MAINE DEPARTMENT OF CORRECTIONS **EMERGENCY OBSERVATION STATUS PLACEMENT**

SECTION A:	Placement	
At 1250	hours on 3-4-2014	I have ordered the placement of prisoner
0 1 1	MDOC # 2	2425 Housing Unit Close
Condon, J.		
on emergenc		of the following criteria:
# 1	Reason for Placement The prisoner may constitute an escape risk if	f in a loss restrictive status
	The prisoner may pose a threat to the safety	
3	The prisoner may pose a threat to the safety The prisoner may pose a threat to his/her ow	
4	There may be a threat to the safety of the pri	
	There may be a smeat to the earth, or the pri-	
The factual ba	asis for placement is: (include specifics su	ich as date, time and place of any incident)
Priosner pla	iced on EOS pending IPS investigation due	e to reports from staff.
		*
-	_	A.
Dated: 3-4	14 8	Sgt. Cox
	St	taff Ordering Placement
(§ 74)		(and V)
1		U.M. Mendez
		Shift Commander, Unit Manager, Deputy Chief
		Administrative Officer or Chief Administrative Officer
⊠ Incident r	eport completed in CORIS	Officer
Z meident i	sport completed in conto	
Rationale	for placement read to prisoner and prisone	er received a copy of this notice on:
125011	1000	$ \Omega_{\ell}$
3/5/14	at (30()	by
Date /	Time	Staff providing notice
******	: * * * * * * * * * * * * * * * * * * *	*********
REVIEW OF E	MERGENCY OBSERVATION STATUS (TO F	BE DONE WITHIN 72 HOURS OF PLACEMENT)
	······································	•
	FROM EMERGENCY OBSERVATION STATU	
☐ RETAIN C	ON EMERGENCY OBSERVATION STATUS P	ENDING REVIEW BY ONLY LEAM
Rationale:		
rationale		Q.
	hala val le La line de ve	
Date & Time	PROVIDED TO	
	ZEPHYRHILLS G	Unit Manager, Shift Commander,
	ON X17177	Deputy Chief Administrative Officer
	E A A A I INCE	or Chief Administrative Officer
	FOR MAILING	

IF PRISONER IS RETAINED ON EMERGENCY OBSERVATION STATUS, PLEASE COMPLETE SECTION B OF THIS FORM

EMERGENCY OBSERVATION STATUS PLACEMENT FORM

DOC FORM

A - 15.1 - A - A - 8/19/11

Page 1 of 2

Distribution: Copies to: Prisoner, Shift Commander, Housing Unit's Emergency Observation Status Binder, SMU Unit Manager, if applicable

Original (with original Preliminary Individualized Plan) to: Unit Manager

MAINE DEPARTMENT OF CORRECTIONS EMERGENCY OBSERVATION STATUS REVIEW MINUTES

, · Niembers		Date: 3-6-2014-
.,	_cctw Lower	EW Place! SMIL
₩4	OFFICER GE	on pow
Prisoner:	COLDON, J.	MDOC#: 2425
I. Reason(s)	and Factual Basis for Plac onal information received s	cement (from Emergency Observation Status Placement form
PRE	DWER PLACE!	D ON EOS PENDING IPS ILIVES
DUR	TO REPORTS	From Staff
		Company of the contract of the contract of
41		
Delocace		
EN 11800 Ye		Yes 🗌 No If not, reason:
Prisoner's S		
PRIDON	16.12 STATES HE	19 HOT AWARE OF HIS
KASUSO	W FOR BELING	ON EOS STATUS
Attachm	ent(s), specify:	
Recomm	end Placement on Adminis	n Status (up to 72 hours from time of placement on emergenc Istrative Segregation Status
Reason(s);	PEWDING IPS	ILI YESTIGATION.
1.		
	<u> </u>	The state of the s
☐ Individual	ized Plan attached.	
Prisoner	nformed of decision and if	Its basis and received a copy of this review form on
Protection of the last of the	- CI	69/2
A	ate	Time
f Unit Manage Chief Administ	ment Team recommends prative Officer's, or Designo	placement on administrative segregation status, see's Review
Remove fr	om emergency observatio	on status esignee, placement on administrative segregation status
	s, or designee's, Decision	
	3	Placement Approved Placement Denled
ate		· <u>11 1 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </u>
		Signature
MERGENCY OBSE	RVATION STATUS REVIEW MINH	Signature
istribution: Copies (RVATION STATUS REVIEW MINU o: Prisoner, Shift Commander, Hot applicable Unit Manager	

v.

MAINE DEPARTMENT OF CORRECTIONS EMERGENCY OBSERVATION STATUS REVIEW MINUTES

· Iwiembers:	CCTW Buene	-	Date:	3/8/14	<u> </u>
· : · · -	Ofc Grant		Place:	close	
ini e i i i i i i i i i i i i i i i i i					
Prisoner:	Conclor		MDOC 4	7,	
any additional	Factual Basis for Pla Information received	cement (from since placeme	Emergency (Observation Sta	lus Placement fo
				. C . O	0 /
invest	der Was p				Transing.
				A Security	
				Er valori o Par	<u> 1860 - Harris Ar</u>
	。 1. "管理法院"			V. 12 (A. A. A.	
		1. 4-1 3 11 - 3			
Prisoner in atte	danas et selle a l'Al	A		in the second	The Assault
	ndance at review? []	Yes No	if not, reason	1:	
Prisoner's State		. 11.			
I do	- bastin En	to han	any	SHOFE	OP Whomas
		1700 (000 S000) 100	7	e kindigunia a	
Attachment(s	s), specify:	Section 1	25 %		
Jnit Management	t Team's Decision and	its Reason(s)			
Init Management Remove from Retain on Em observation s Recommend	t Team's Decision and n Emergency Observa- nergency Observation status) Placement on Adminis	i its Reason(s) tion Status Status (up to strative Segre	72 hours from	n time of placen	ient on emerger
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MAINE DEPARTMENT OF CORRECTI... S ADMINISTRATIVE SEGREGATION STATUS REVIEW MINUTES

Members: UM Harris	Date: 3/10/14
CO Dolbier	Date: 3/10/14 Place: SMU
Prisoner: Condon, J	MDOC: 2425
Reason(s) and Factual Basis for Placement /from	m Emergency Observation Status Review Minutes and
\ Autilities italive begregation Status Placement for	TITI) and any additional information received above at a
offender was placed on EOS status pendi	ng further investigation by IPS.
`	An and a second
	Č.
	3-17-14
Prisoner in attendance at review? Yes N	lo If not reason:
•	
I. Prisoner's Statement	
19150HET STATES WE HAS	no intersection Killing as on his life he has no discovers. Prisoner skid it cod ill go either way 50/50.
They show, toloner owe	was on his little pre was no of
Attachment(s) (specify):	somers. Thomas said it cod
H. H. Mark	in do entherway 50/50.
II. Unit Management Team's Decision and its Reason	on(s)
Remove from administrative segregation state	
Remove from administrative segregation status	
Retain on administrative segregation status	tus
Retain on administrative segregation status	tus
Retain on administrative segregation status	tus
Retain on administrative segregation status Reason(s): Prisoner throughout to Kil	tus
Retain on administrative segregation status Reason(s): Prisoner divided to Kil	Unit Manager.
Retain on administrative segregation status Reason(s): Prisoner white the Kil Individualized Plan attached Prisoner informed of decision and its basis a	Unit Manager.
Retain on administrative segregation status Reason(s): Prisoner divided National Individualized Plan attached Prisoner informed of decision and its basis at 3/10/14	nd received a copy of this review form on
Retain on administrative segregation status Reason(s): Prisoner divincation to kill Individualized Plan attached Prisoner informed of decision and its basis at 3/10/14 Date	nd received a copy of this review form on at
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Retain on administrative segregation status Reason(s): Prisoner diverted to kil Individualized Plan attached Prisoner informed of decision and its basis at 3/10/14 Date Prisoner informed of his/her right to appeal:	nd received a copy of this review form on at
Retain on administrative segregation status Reason(s): Individualized Plan attached Prisoner informed of decision and its basis at 3/10/14 Date Prisoner informed of his/her right to appeal: Signature of Prisoner If prisoner does not waive his/her right to appeal, Signature of Staff	nd received a copy of this review form on at Time Waived right Did not walve right Date note receipt by prisoner of this form and of appeal form. Date 3-10-14
Retain on administrative segregation status Reason(s): Consect throughout to kill Individualized Plan attached Prisoner informed of decision and its basis at 3/10/14 Date Prisoner informed of his/her right to appeal: Signature of Prisoner If prisoner does not waive his/her right to appeal,	nd received a copy of this review form on at Time Waived right Did not walve right Date note receipt by prisoner of this form and of appeal form. Date 3-10-14
Retain on administrative segregation status Reason(s): Crosonec diverted to Kill Individualized Plan attached Prisoner informed of decision and its basis at 3/10/14 Date Prisoner informed of his/her right to appeal: Signature of Prisoner If prisoner does not waive his/her right to appeal, Signature of Staff Chief Administrative Officer's or Designee's Review Remove from administrative segregation	nd received a copy of this review form on at Time Waived right Did not waive right Date note receipt by prisoner of this form and of appeal form. Date 3-10-14 sw
Retain on administrative segregation status Reason(s): Crosonec diversales to kill Individualized Plan attached Prisoner informed of decision and its basis at 3/10/14 Date Prisoner informed of his/her right to appeal: Signature of Prisoner If prisoner does not waive his/her right to appeal, Signature of Staff. Chief Administrative Officer's or Designee's Review	nd received a copy of this review form on at Time Waived right Did not waive right Date note receipt by prisoner of this form and of appeal form. Date 3-10-14 sw
Retain on administrative segregation status Reason(s): Individualized Plan attached Prisoner informed of decision and its basis at 3/10/14 Date Prisoner informed of his/her right to appeal: Signature of Prisoner If prisoner does not waive his/her right to appeal, Signature of Staff Chief Administrative Officer's or Designee's Review Remove from administrative segregation Retain on administrative segregation state	nd received a copy of this review form on at Time Waived right Did not waive right Date note receipt by prisoner of this form and of appeal form. Date 3-10-14 sw

ADMINISTRATIVE SEGREGATION STATUS REVIEW MINUTES
Distribution: Copies to: Prisoner, Classification, Caseworker, Prisoner's file
Original ~ Unit Manager

A-15.1-C-E-8/19/11R

	MAINE DEPARTMENT OF CORRECTIONS ADMINISTRATIVE SEGREGATION STATUS REVIEW MINUTES
M	embers: UM Allon, Date: 3-20-14
	Officer Touchetto Place: SMU
Pr	soner: Condon, J MDOC: 2425
1	Reason(s) and Factual Basis for Placement (from Emergency Observation Status Review Minutes and
209	Administrative Segregation Status Placement form) and any additional information received since placement:
	3.
	Prisoner in attendance at review? Ves No- If not, reason:
II.	Prisoner's Statement
	trumer States he has no intention of Hunting
	another toos trusser or Staff.
441	Attachment(s) (specify):
(11,	Unit Management Team's Decision and its Reason(s)
	Remove from administrative segregation status Retain on administrative segregation status
	Reason(s):
	Lending information from IPS INVESTIGATION.
	☐ Individualized Plan attached
IV.	Prisoner informed of decision and its basis and received a copy of this review form on
	Date Time
٧.	Prisoner Informed of his/her right to appeal: Waived right Did not waive right
	Signature of Prisoner X MN GWAN Date 3-20-14
	If prisoner does not waive his/her right to appeal, note receipt by prisoner of this form and of appeal form.
**	Signature of Staff Date
Vì.	Chief Administrative Officer's or Designee's Review
	Remove from administrative segregation status Retain on administrative segregation status
ADMI	Date 31/74 VISTRATIVE SEGREGATION STATUS REVIEW MINUTES DOC FORM A-15.1 - C - E - 8/19/11R ution: Copies to: Edsener, Classification, Caseworker, Prisoner's file
	Original to: Unit Manager

MAINE DEPARTMENT OF CORRECTIONS ADMINISTRATIVE SEGREGATION STATUS REVIEW MINUTES	
Members: 30d. M Burns Date: 3-27.14	
CO - STAPLES Place: SMU	
Prisoner: Condon, J. MDOC: 2425	
i. Reason(s) and Factual Basis for Placement (from Emergency Observation Status Review Minutes and	
Administrative Segregation Status Placement form) and any additional information received since placement of IPS in UPS + igation	t:
3	
Prisoner in attendance at review? 🕅 Yes 🗌 No If not, reason:	
II. Prisoner's Statement	
WOULD LIKE TO GO TO POPULATION - EVEN C-POD	
Attachment(s) (specify):	
III. Unit Management Team's Decision and Its Reason(s)	Ç.
Remove from administrative segregation status Retain on administrative segregation status	-
Reason(s): HAS NOT BEEN AN ISSUE IN THE SMU.	
WOOLD RATHER BE LOCKED DOWN IN POPULATION -	
MU COULD USE THE CEIL HE IS IN.	
IV. Prisoner informed of decision and its basis and received a copy of this review form on	10
Date Time V. Prisoner informed of his/her right/to appeal: Walyed right Did not waive right	
Signature of Prisoner Mu (MacW Date 327-14	
If prisoner does not waive his/her right to appeal, note receipt by prisoner of this form and of appeal form.	
Signature of Staff SQL. Buchs Date 3 27 14	
VI. Chief Administrative Officer's or Designee's Review	
Retain on administrative segregation status	
Signature Date 3-27-5	
ADMINISTRATIVE SPEREGATION STATUS REVIEW MINUTES DOC FORM A - 15.1 - C - E - 8/19/11R Distribution: Copies to: Prisoner, Classification, Caseworker, Prisoner's file	
Original to: Unit Manager	

MA... DEPARTMENT OF CORRECTIONS ADMINISTRATIVE SEGREGATION STATUS REVIEW MINUTES

Members: Sat Burns Date: 4-1-14
Off Benner Place: SMI
Deb Barter
Prisoner: Cordon J MDOC: 3425
i. Reason(s) and Factual Basis for Placement (from Emergency Observation Status Review Minutes and
Administrative Segregation Status Placement form) and any additional information received since placement
Prisoner in attendance at review? 🛛 Yes 🗌 No. If not, reason:
II. Prisoner's Statement
WOULD LIKE TO GO TO GP. ""I'M NOT The SAME
INMATE I DSED TO BE " I'M 66 YEARS OUT AND WANT TO FIND AN
Attachment(s) (specify): OLDER GROUP IN POUPLATION, AND DUR MY TIME.
III. Unit Management Team's Decision and its Reason(s)
Remove from administrative segregation status Retain on administrative segregation status
Reason(s): UNTIL: The ADMINISTRATION: WILL Release.
I BIELEVE CONDON CAME HERE AND HAD A CULTUR Shock
30 YEAR IN The FEDS DID NOT PREPARE HIM FOR MSP: GP WOOD DO HIMWAL
IV. Prisoner informed of decision and its basis and received a copy of this review form on
Date Time V. Prisoner informed of his/her right to appeal: Waived right Did not walve right
Signature of Prisoner Allu Culture Date 4.1-14
If prisoner does not waive his/her right to appeal, note receipt by prisoner of this form and of appeal form.
Signature of Staff Wichard BURND Date 4-1-14
VI. Chief Administrative Officer's or Designee's Review
Remove from administrative segregation status Retain on administrative segregation status
Signature Date 4-/-/ ADMINISTRATIVE SEGREGATION STATUS REVIEW MINUTES - DOC FORM A-15.1-C-E-8/19/11R Distribution: Copies to: Prisoner, Classification, Ceseworker, Prisoner's file

MAINE DEPARTMENT OF CORRECTIONS ADMINISTRATIVE SEGREGATION STATUS REVIEW MINUTES	S
Members: Sat General Date: 4/14/14	340
OFC USENBY Place: 5MU	
	*
Prisoner: Condon T MDOC: 3425	•
I. Reason(s) and Factual Basis for Placement (from Emergency Observation Status Review	Minutes and
Administrative Segregation Status Placement form) and any additional information received the segregation of the segregation status Placement form) and any additional information received the segregation of the segregation status Placement form) and any additional information received the segregation of the segregation status Placement form) and any additional information received the segregation of the segregation status Placement form) and any additional information received the segregation of the segregation status Placement form) and any additional information received the segregation of the segregation status Placement form) and any additional information received the segregation of the segregation status Placement form) and any additional information received the segregation of the segregation status placement for the segregation of the segregation o	ed since placement:
review	<u> </u>
	18
Prisoner in attendance at review? XYes No if not, reason:	
II. Prisoner's Statement	E .
Would like rigoto C-Postose and BE tacked in these	instead
of B-wing	ε :
Attachment(s) (specify):	
III. Unit Management Team's Decision and its Reason(s)	
Remove from administrative segregation status Retain on administrative segregation status Reason(s):	
	•
Clause Boy To go on administrative Control Poo	4
Individualized Plan attached	
at	
Date Time V. Prisoner informed of bis/her right to appear. Walved right Did not waive right	· · ·
Signature of Prisoner Date	
If prisoner does not walve his/her right to appeal, note receipt by prisoner of this form and	of appeal form.
Signature of Staff, Soft Jewas Date 4/4/14	•
VI. Chief Administrative Officer's or Designee's Review	
Remove from administrative segregation status Retain on administrative segregation status	÷
Signature Date 4174	٠,٠
ADMINISTRATILE PROPERTIES AND	-C-E-8/19/11R

4/15/14

EXHIBITD

Mr. Condon:

My Office didn't intercept a money order made out to you by anybody.

I don't know what is the problem with your money order, maybe it is because you stated that came either from one or other (Ms. Burr or Ms. Tansino).

I am not aware of any pending Investigations that your are involved either

Lt. Lidia Burnham

involved either

WYNESSAN

SANT

SAN

LT. BOWHAM IS HEAD & "I.P.S."

MAINE DEPARTMENT OF CORRECTIONS ADMINISTRATIVE SEGREGATION STATUS REVIEW MINUTES

ş	Members: U.M. Allen Date: 4-17-14
	Off charlton Place: SMU
	Deb Barter
P	Prisoner: Condon, J MDOC: 3425
. !	Reason(s) and Factual Basis for Placement (from Emergency Observation Status Review Minutes and
(4)	Administrative Segregation Status Placement form) and any additional information received since placement:
(euieu	Threats against UN Harris
	7
	Prisoner in attendance at review? X Yes No If not, reason:
U.	Prisoner's Statement
	tosoner doesn't watnot to hour un HARRIS.
5	Attachment(s) (specify): Euclande against him.
111.	Unit Management Team's Decision and its Reason(s)
	Remove from administrative segregation status
(V	Retain on-administrative segregation status Reason(s): 1 0 0 1 MO 1 1851 D 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	administration Controls. Placement on
	Individualized Plan attached
IV.	
	Prisoner informed of decision and its basis and received a copy of this review form on Date Time
٧.	Prisoner informed of his/her right to appeal: Waived right Did not waive right
	Signature of Prisoner Date 4-14-14
	If prisoner does not waive his/her right to appeal, note receipt by prisoner of this form and of appeal form.
\a	Signature of Staff Double (19-14)
VI.	Chief Administrative Officer's or Designee's Review
	Remove from administrative segregation status Retain on administrative segregation status
	Signature Date 4:12-14
Distri	INISTRATIVE SEGREGATION STATUS REVIEW MINUTES DOC FORM A - 15.1 - C - E - 8/19/11R button: Copies to: Prisoner, Classification, Caseworker, Prisoner's file Original to: Unit Manager

Rec'd 4-18-14

MAINE DEPARTMENT OF CORRECTIONS PRISONER APPEAL OF SPECIAL MANAGEMENT STATUS

7 (

	. 4
HARUL IT, 14 JOHN CONDAN	2425 M
Date Prisoner Name	MDOC #
TO, Chief Advisor D. Occ.	sik (jk
TO: Chief Administrative Officer, or designee	Coally a warred (ce) and
On 4/14/14 the following review took of	CO Man Asi
On 7/11/9, the following review took pla	ace.
SPECIAL MANAGEMENT STATUS	MDOC# MDOC# Covier Marry Alres Alr
	100
Review of Administrative Segre	gation status RODPONIETIN
Review of Protective Custody s	tatus (
	* '
Appeal must be submitted to the Chief Administrative Off (3) working days of receiving the decision.	ficer, or designee, within three
and the	16. 7. 8
	1. SEq. REVIEW, LIKE the 12
Recises TO RETAIN (Me) an AS. SEG. STATUS.	". penning ourcome of IPS
investigation> T REC'S A LETT.	Iran LT Lisia Burnhan
HEAD OF TOS) STATE ON 4/15/44 STATEN.	- That she is " NOT AWARS
of Any Pour is a vicentification of The	and in solver 1 des 3
The following invento parties (Not to	m (mours m.
Soulon 43 BAYS I'M BEING H	ELS in SETTLETATION PEN SUNG
IN IPS invertigation That in ISNT.	SO IF THEIR NO
INVESTIGATION - why AM I BEING	Hels or whis The
Charge & & Cubas making 15-2	REGIONA TRANSPORTO COM
(los 5 (23 like lasts-(al)) Prisoner's	Signature Colla Con Men
	70000
Pagaining Pagana Signature	
Receiving Person's Signature Date & Time	Name & Title (Print)
PRISONER APPEAL DOC FORM	A-151-C-G-8/19/11R
SPECIAL MANAGEMENT STATUS	A-15.3-H-D-12/14/10

Department of Corrections

MAINE STATE PRISON

Memo

To:

Prisoner John Condon (2425)

From:

Deputy Warden Ross

Date:

April 17, 2014

Re:

Appeal of Special Management Status

I am in receipt of your appeal of Special Management Status. After review of your appeal I concur with your Unit Team's recommendation for you to be on administrative segregation status.

Cc: Unit File

MA E DEPARTMENT OF CORRECTIONS ADMINISTRATIVE SEGREGATION STATUS REVIEW MINUTES

Me	embers: U.M. Allen Date: 4.23-14
	Soft BURDS Place: 5MU
Pri	soner: <u>Condon</u> , <u>T.</u> MDOC: <u>3435</u>
l.	Reason(s) and Factual Basis for Placement (from Emergency Observation Status Review Minutes and
1/	Administrative Segregation Status Placement form) and any additional information received since placemen
`	Threats towards Statt member.
	Investigation.
	3
	- Later Annual Control
	Prisoner in attendance at review? Yes No If not, reason: No If not, reason:
II.	Prisoner's Statement
	Attachment(s) (specify):
III.	Unit Management Team's Decision and its Reason(s)
	Remove from administrative segregation status
	Retain on administrative segregation status
	Reason(s): Possible Admin Controls Placement
	Individualized Plan attached
IV.	Prisoner informed of decision and its basis and received a copy of this review form on at PM.
	Time
V.	Prisoner informed of his/her right to appeal: Waived right Did not waive right
	Signature of Prisoner Date
	If prisoner does not waive his/her right to appeal, note receipt by prisoner of this form and of appeal form.
	Signature of Staff Date
VI.	Chief Administrative Officer's or Designee's Review
	Remove from administrative segregation status
	Retain on administrative segregation status
	Signature Date C1.2474
ADN Dist	Signature Date 4.1979 MINISTRATIVE SEGREGATION STATUS REVIEW MINUTES DOC FORM A - 15.1 - C - E - 8/19/11R ribution: Copies to: Prisoner, Classification, Caseworker, Prisoner's file
2100	Original to: Unit Manager



PRISONER GRIEVANCE FORM Policies 29.1 and 29.2

MAINE DEPARTMENT OF CORRECTIONS

TO BE COMPLETED BY GRIEVANCE REVIEW OFFICER:

DATE RECEIVED 4-28-14

LOG NUMBER

Name MDOC Number Housing Unit

A grievance must be filed with the Grievance Review Officer within fifteen (15) days of the matter being grieved. If you are filing after the expiration of the fifteen (15) day limit because it was not possible for you to have filed a grievance within the fifteen (15) day limit, explain what prevented filing within the time limit in the space below. Explanation:

USE ONLY THE SPACE BELOW

Concisely state the specific nature of your complaint, including all persons and dates involved, and state the specific remedy requested. You must include information showing when the fifteen (15) day time limit began:

when the litteen (15) day time limit begain	n:
FOR 48 DAYS I HAVE BEEN HE	s in snu. All 6 Al SEQ. REVIEWS
STATES I AM BEING HELD ON AN	(59 SKATUS DENING That DECLOTE &
I.P.S. investigation " I Have	and My DOSSESSUEM A LETTER ED
F. LIDIA BUNDAM RECY BU	Me E WITNESSEN BU DIE
IN WRITING I RSCH ON SAY MAT	S) CAR 4/15/14 11/15/5/5/45 5 0/15
THAT SHELL IS 4 NOT AWARE OF D	AND REALIZED TAMBERTONES TO T
VOUN INVOLVED IN " IT BULL	WHAM IN HEAD OF TOOL FOR
Sty EVING #1) The ERRONISOUN	REASON GIVEN FOR RETAINING
#D WHAT AM T RELAS 15TANSA	Kitson Collen for RETHINING A
TATIONS & HU AND AND ANTINOTICE	The sound is boung the inv
The second of the second of the	HER MY ACCUSED AND A Chance
TO REBUIL THE EVISIENCE AND SIG	gnature of Prisoner Date
PAZIARE A DEFENSE, Touch	I.E. TM SAMMELTO
Before filing a grievance with the Grievan	100 Review Officer, you must have made an
attempt at an informal resolution, by sub-	mitting this form to a supervisor designated by the
facility Chief Administrative Officer within	five (5) days of the matter being grieved.
	TO .
MICHAEL BURNS Michael	Dutal 04/17/2014
Print Name of Supervisor Signature (or HSA, if applicable) (or HSA, if	of Supervisor Date of Receipt of Form
(or HSA, if	applicable)
Complaint Resolved. Describe resolu	tion, including implementation data:
	mon, molading implementation date.
Signature of Staff Resolving Complaint	Signature of Prisoner Agreeing to Resolution
,	organization of Prinsories Agreeing to Resolution
☑ Complaint Not Resolved. Describe ac	tions taken in attempt to receive:
(INAC) = Describe at	done taken in attempt to resolve;
UNABLE TO KESQUE AT THIS LEVE	L. TAIS NEEDS TO GO TO THE NEXT LEVEL.
The Asia Asia	
Signature of Staff Attempting Resolution	04/17/2014
Original to Grievance Officer	Date Form Returned to Prisoner

Original to Grievance Officer Prisoner to keep copy

Prisoner - Grievance Form Attachment A

DOC FORM 08/15/2012R 29.1 and 29.2 (AF)

MAINE DEPARTMENT OF CORRECTIONS NOTIFICATION OF DISMISSAL AND/OR RETURN

TO: John Condon	MDOC #: 2425	DATE RECEIVED: 04/28/14		
FROM: W. Atkinson, GRIEVANCE R	EVIEW OFFICER			
DISMISSAL				
Your complaint has been dism	issed due to the following:			
☐ This matter is not grievable be	cause:			
A separate appeal procedure It does not directly affect you. A Departmental employee or co This is a complaint about a deci		fficer.		
Your complaint is a duplicate of a	n earlier grievance.			
You did not attempt an informal r	resolution, as required by the G	rievance Policy.		
Your grievance form was filed after the fifteen (15) day time limit had expired and it was possible for you to have filed within the time limit.				
Your grievance appeal form was filed after the fifteen (15) day time limit had expired and it was possible for you to have filed within the time limit.				
There has been an obvious abuse	of the grievance process by you	u in that:		
Ad Seg placement / retention is a cla	assification procedure / decision	n which has its own appeal process.		
YC	OU MAY NOT APPEAL A DISN	1155AL 4/30/14		
	Signature of Grievance Re	view Officer Date		
	RETURN			
Your grievance form is being returned for you to provide sufficient information to show when the fifteen (15) day time limit began. You must supply this information and return this grievance form for processing within the original fifteen (15) day time limit.				
	Signature of Grievance	e Review Officer Date		



PRISONER GRIEVANCE FORM
Policies 29 1 and 29 2

TO BE COMPLETED BY GRIEVANCE REVIEW OFFICER:

1	Policies 29.1 and 29.2				1.1
			DAT	E RECEIVED 4-28-14	
MAINE DEPARTMENT OF CORRECTIONS		RRECTIONS			
			LOG	NUMBER	
	Tay 1	01121			7
	NOHN (ONDON)	2420		SMU B 209	
	Name	MDOC Numbe	r	Housing Unit	
FOR 53 TO REVEA OR DES BETAIN BOARS IS SULIMAT CONTENS TO DO TO REVIEW V. AUSTIN L. GUSTIN	was not possible for you to have file prevented filing within the time limit Explanation: AST AD. SEG. REVIEW USE ONLY THE SPACE BELOW Concisely state the specific nature involved, and state the specific rer when the fifteen (15) day time limit SAYS, AU SIX & MY ASE ME OF RETAIN ME OF SECISSION. (UNICLE) WHO HAVE THE BOOKESS AS SECISSION MAKES AS SECISSION MAKES OF THAT DUE PROCESS GOW WHO ACTUALLY MAKES AT. "IF ONE MENTIONED TO WINTER	Grievance Review ng after the expirated a grievance with in the space below $4/12/14$. I of your complainmedy requested. It began: Ab. SEG. RELOW AB. SEG. S. WETT MARE THE SEG. SEG. SEG. SEG. SEG. SEG. SEG. SEG	Office tion of hin the w. The office w. The office of the tion o	r within fifteen (15) days of the the fifteen (15) day limit because it influence (15) day limit, explain what we fifteen (15) day limit, explain what what we made an a supervisor designated by the	STATE STATE OVER THE ENDER NOW ATEN
	Print Name of Supervisor Sig	nature of Supervise	DUL_	Date of Receipt of Form	
	(or HSA, if applicable) (or	HSA, if applicable)			
	Complaint Resolved. Describe	resolution, includi	ng imp	lementation date:	
	Signature of Stoff Decelular Complaint				
	Signature of Staff Resolving Complaint		oignatur	e of Prisoner Agreeing to Resolution	
	Complaint Not Resolved. Descri	ribe actions taken	in atte	mpt to resolve:	
	CAN NOT RESOLVE AT MY	Level Pos	Sibal	y THE Grievaure officer	
	COUID RESOUR THIS.			1 2/ 2:14	
	Signature of Staff Attempting Resolution			4 - 26 - 2014 Date Form Returned to Prisoner	

Original to Grievance Officer Prisoner to keep copy

> DOC FORM 08/15/2012R 29.1 and 29.2 (AF)

Case 1:16-cv-00372-JCN Document 40-2 Filed 08/10/17 Page 17 of 37 PageID #: 263

4/30/4

MAINE DEPARTMENT OF CORRECTIONS NOTIFICATION OF DISMISSAL AND/OR RETURN

	OOC #: 2425	DATE RECEIVED:	04/28/14
FROM: W. Atkinson, GRIEVANCE REVI	EW OFFICER		
	DISMISSAL		
Your complaint has been dismissed	d due to the following	; :	
	se:		
A separate appeal procedure exicult in the does not directly affect you. A Departmental employee or control This is a complaint about a decision	actor is not responsible.		
Your complaint is a duplicate of an ea	rlier grievance.		
You did not attempt an informal resol	ution, as required by th	e Grievance Policy.	
Your grievance form was filed after the to have filed within the time limit.	e fifteen (15) day time l	imit had expired and it v	was possible for you
Your grievance appeal form was filed for you to have filed within the time li		y time limit had expired	and it was possible
There has been an obvious abuse of the	ne grievance process by	you in that:	
Ad Seg placement / retention is a classifi	cation procedure / deci	ision which has its own a	appeal process.
YOUN	NAY NOT APPEAL A D	ISMISȘAL Flandra	4/30/14
	Signature of Grievance	Review Officer	Date
	RETURN		
Your grievance form is being returned (15) day time limit began. You must so within the original fifteen (15) day time	upply this information a		
	Signature of Grieva	ance Review Officer	Date

	MAINE DEPARTMENT OF CORRECTIONS ADMINISTRATIVE SEGREGATION STATUS REVIEW MINUTES
Men	nbers: Sqt. M Burms Date: 5-2-14
	Place: SMU
51	
Pris	oner: <u>Condon</u> , <u>T</u> MDoc: <u>3435</u>
i.	Reason(s) and Factual Basis for Placement (from Emergency Observation Status Review Minutes and
)	Administrative Segregation Status Placement form) and any additional information received since placen
A	
	Prisoner in attendance at review?
u.	Prisoner's Statement
	Attachment(s) (specify):
111,	Unit Management Team's Decision and its Reason(s) Remove from administrative segregation status
	Retain on administrative segregation status
	reasonis: I hreat may still exist
	Individualized Plan attached
IV.	Prisoner informed of decision and its basis and received a copy of this review form on
V	Date Time
٧.	Prisoner informed of his/her right to appeal. Waived right Did not waive right
	Signature of Prisoner / Dute 5/2/19
	If prisoner does not waive his/her right to appeal, note receipt by prisoner of this form and of appeal form
VAL	Signature of Staff Date 5-2-14
VI.	Chief Administrative Officer's or Designee's Review
	Remove from administrative segregation status Retain on administrative segregation status
	Signature Date
Alen a	Mallowny will or

A'DMINISTRATIVE SEGREGATION STATUS REVIEW MINUTES DOC FORM
Distribution: Copies to: Prisoner, Classification, Caseworker, Prisoner's file
Original to: Unit Manager

MAINE DEPARTMENT OF CORRECTIONS PRISONER APPEAL OF SPECIAL MANAGEMENT STATUS

	573/14	1.60	WAON	2425
	Date /	Prisoner N	Name	MDOC #
	TO: Chief Administrative	Officer, or des	ignee	
	On 5/2/14	, the followin	g review took pla	ce.
	SPECIAL MANAGEMEN	IT STATUS		CA
		Review of Adm	inistrative Segreç	gation status & REVIEW
		Review of Prote	ective Custody st	atus
	(3) working days of received	ving the decision	in. W/All Do	icer, or designee, within three U.E. RESPECT, The AB SEQ. BOA
	I wish to appeal for the for	ollowing reason	is: <u>New NOT A</u>	CTUALLY CONSIDER PEROSCAS ME
IT IS A	"Hellow FORMALIT	y." Youar	The CAO	Are The Ultimate DECISION
MAKEN	CALNG STATUS.	T HAVE, +	1 M. AMeil	WCITIESN, The 5th 14th
Coustr	7 Jight, The Du	L PIBCESS	B194.T, 70	"HEAR & BE HEARD by To
LLTIM	TE Recision Make	el as my	1 / BERTY	"TNTERSAT TO STAY OUT
11- SEC	AND AR-TAIN	The fre	iron /1/1/52	ery) That ans TAKEN AU
four	& By My REM	OUAL NO	m Dapula	-naw in MEP. 60 DAY.
A90,	THE YET REEN	Aff0208.	& THAT RIG	Lit. REquest Timste
TO A,	C, E OF F	los, para	LA 17 OU) Prisoner's	5/3/14 s Signature
	The second secon			
	Receiving Person's Signa	ature I	Date & Time	Name & Title (Print)
	PRISONER APPEAL SPECIAL MANAGEMENT STATUS	DOC	FORM	A 15.1 - C - G 8/19/11R A 15.3 - H - D 12/14/10

Department of Corrections

MAINE STATE PRISON

Memo

To:

Prisoner John Condon (2425)

From:

Deputy Warden Ross

Date:

May 2, 2014

Re:

Appeal of Special Management Status

I am in receipt of your appeals of Special Management Status. After review of both appeals I concur with your Unit Team's recommendation for you to be on administrative segregation status.

Cc: Unit File

Department of Corrections

MAINE STATE PRISON

Memo

To:

Prisoner John Condon (2425)

From:

Deputy Warden Ross

Date:

May 12, 2014

Re:

Appeal of Special Management Status

I am in receipt of your appeals of Special Management Status. After review of your appeal I concur with your Unit Team's recommendation for you to be on administrative segregation status.

Cc: Unit File



6/6/14

MAINE STATE PRISON NOTICE OF ADMINISTRATIVE CONTROL STATUS UNIT REFERRAL REVIEW

Prisoner: CONDON, J.	#2425	CLOSE
Name	MDOC#	Unit
//-	8	
Your review is scheduled for	£	
7		

Information considered:

Prisoner Condon, J. #2425 has been sentenced to life in prison for 3 counts of Murder.

DISCIPLINARY INFRACTIONS:

11/15/13 Prisoner Condon, J. was found guilty of a Class B theft violation, prisoner received 20 days of disciplinary restriction for this offense.

SUMMARY:

Prisoner Condon, J #2425 was placed on Administrative Segregation because staff received confidential information that he was going to assault the close custody unit manager. This assault was going to cause serious bodily injury or death to the staff member. Prisoner CONDON has a very minimal incident history and disciplinary history. He was sentence to life in prison for 3 count of murder.

INTERNAL INVESTIGATIONS:

6/6/14

Rech Globleson Conson

Deputy Warden of Programs

Approved/Disapproved Date: 5-21-2014

Deputy Warden of Operations TROY ROSS

Maine State Prison Warden RODN EY BOWFAND

Distribution: Original-Prisoner

Copies: Associate Commissioner, Maine State Prisoner Warden, Deputy Warden of Operations, Deputy Warden of Programs Services, SMU CCTW, Health Services Director, Director of Mental Health, File.

(copy)

	FREE ONE # (PECT) A
,	MAINE DEPARTMENT OF CORRECTIONS PRISONER APPEAL OF ADMINISTRATIVE CONTROL PLACEMENT
X	Date Prisoner Name Z42.5 Date Prisoner Name MDOC #
/ :	TO: Commissioner, or designee:
	On 6/6/14, the following review took place. The Team recommends:
	Placement on Administrative Control
	Retain Administrative Control Release from Administrative Control
	Appeal must be submitted to Commissioner, or designee, within fifteen (15) working days of receiving the decision. Upon receipt of this appeal: the Commissioner will have thirty (30) days to respond.
	I wish to appeal for the following reasons: IT IS A VIOLATION TO ME COLUMN AT. T
	CESS. The D.P. C. HUSC & THE U.S. (CONST. AMOUD XIV) AND MARKE (A
	.6 & 6-A) CONSTS. Prohibit Goits, indubing Prisen officials; From
SEVENA	I population of Mile Stoppen without Due Places of Law. The
3-411 C 12	Equilement of D.D. glaw is The RT TO NOTICE & ANDISOTUNED

Receiving Person's Signature Date & Time Name & Title (Print)

Attachment (A)

x APPEAL PAGE TOWN X

INS SEVERE AND ISOLATED AS A CONTROLLOUIT INSIDE A supermax paison wour affecting me The Etsichment-CAN RIGHT TO PRESENT MY VIEWS DIRECTLY TO THE TEAM" (3) or the person(s) who make This one LIGHTY INTEREST DECISION IS A FLAGRANT VIOLATION & My Due process Rights As A MAINE AND AN AMERICAN CITIZEN.

FUTHERMORE, I HAVE NOT BEEN CONVICTED & ANY DISCIPLINARY OFFENSE AND HAVE BEEN HELD IN SEGRE GATION AGAINST MY will for 100 Days since much 5, 2014. ON NEEULOUS AllegATIONS BY THIS PARTY CONbiberTHE INMATE IN GERMANTS. THESE SAME A EGULOUS AND ONE-SIDED ALLEGATIONS ARE ALSO THE PUMPONTED izeasons "for placing me in This administrative control UNIT (ACU).

All These Actions culminating, or perhaps isetter Said, morphing into a "versal placement in Acce isy A TEAM THAT NEITHER COMMITTED THEMSELVES TO EXTREM Approving on Disapproving such placement (see sucisa), BUT SENDING Their Agent, CAPTAIN HOWLETTE, TO WITHER out The DETAIL TO CONFUSED INMATEL, IMPOSES ATYPICAL AND SIGNIFICANT HANShips on Me in RELATION TO The ORDINARY ITCISENTS of DRISON LIFE IN GENTUL PAPELLATION AT MAUNE ST. PRISON (MSP).

Montgare, baving 15 Days in which to Actualize This AMEAR, I AMESE This Ack placement on This 11 th Day of Jewe, 2014. CO! Phisaver Significance: JOHN CONDON # 2425

MAINE DEPARTMENT OF CORRECTIONS ADMINISTRATIVE SEGREGATION STATUS REVIEW MINUTES

Νe	embers: Um Howlett Date: 6-2414
	S6T. Leonard Place: SMU
Pri	soner: CONDON S MDOC: 2435
The state of the s	Reason(s) and Factual Basis for Placement (from Emergency Observation Status Review Minutes and Administrative Segregation Status Placement form) and any additional information received since placement
	Prisoner in attendance at review? Yes No If not, reason:
u.	Prisoner's Statement Being Model Wharley, Bring Charges or Let him go La 6.P. Attachment(s) (specify):
] II.	Unit Management Team's Decision and its Reason(s) Remove from administrative segregation status Retain on administrative segregation status Reason(s): Pending Review To Admw Contral Macement.
IV V	Date Tippe
	Signature of Prisoner
V	Remove from administrative segregation status Retain on administrative segregation status Signature Date Date DATE DIVISION STATUS REVIEW MINUTES BOC FORM A-15-1-C-E-8/19/11R-stribution: Copies to: Prisoner, Classification, Caseworker, Prisoner's file

MAINE DEPARTMENT OF CORRECTIONS ADMINISTRATIVE SEGREGATION STATUS REVIEW MINUTES

Mem	bers: CT Hawlett Date: 7/30/14
	SGT Leanond Place: SMU
	CCTW Duperre
Priso	oner: Condon J. MDOC: 2425
l. 1	Reason(s) and Factual Basis for Placement (from Emergency Observation Status Review Minutes and
_ [Administrative Segregation Status Placement form) and any additional information received since placement:
b.M	Review of to-seg Status
7	
0	
	Prisoner in attendance at review? A Yes No If not, reason:
11.	Prisoner's Statement Silver Diagrams Ant April to the Threatenine change
	Stur Pleading Not world be Adjudicated
	Attachment(s) (specify):
111.	Unit Management Team's Decision and its Reason(s)
	Remove from administrative segregation status
	Reason(s): Pending review to Admin Central Placement
	Individualized Plan attached
IV.	Prisoner informed of decision and its basis and received a copy of this review form on at 1220
٧.	Prisoner informed of his/her right to appeal Waived right Did not waive right
	Signature of Prisoner X Date 7-30-14
	If prisoner does not waive his/her right to appeal, note receipt by prisoner of this form and of appeal form.
	Signature of Staff Cast - How Date 7-30-14
VI.	Chief Administrative Officer's or Designee's Review
	Remove from administrative segregation status Retain on administrative segregation status
4.04	Signature Date A - 15.1 - C - E - 8/19/11R
	ribution: Copies to: Prisoner Classification Caseworker Prisoner's file

Distribution: Copies to: Prisoner, Classification, Caseworker, Prisoner's file
Original to: Unit Manager

MAINE DEPARTMENT OF CORRECTIONS ADMINISTRATIVE SEGREGATION STATUS REVIEW MINUTES

Mer	nbers: Sot. Burms - Date: 8/29/2014
	D. BARTER Place: SMU
	F. BURNS
Pris	oner: Condon, J MDOC: 3435
l.	Reason(s) and Factual Basis for Placement (from Emergency Observation Status Review Minutes and
)	Administrative Segregation Status Placement form) and any additional information received since placemer
4	Review.
DAD -	
([
	Prisoner in attendance at review? 💹 Yes 🗌 No If not, reason:
ll.	Prisoner's Statement
	I AM STILL UNDER INVESTIGATION FOI AllegED THIEATS TO STAFF THE ADMINISTRATION HAS FOUND ME GUILTY, WITHOUT ANY DISPLINEARLY PROCEEDING. Attachment(s) (specify):
	Attachment(s) (specify):
III.	Unit Management Team's Decision and its Reason(s)
	Remove from administrative segregation status
1	Reason(s): ADSOG Pendin6 ACO Policy;
	AVIEG FETICING ACCITOLICA
-	Individualized Plan attached NA
_{IV.} /	Prisoner informed of decision and its basis and received a copy of this review form on
1.7	Date Time
٧.	Prisoner informed of his/her right torappeal: Waived right Did not waive right
	Signature of Prisoner May Cuden Date \$/17/19
	If prisoner does not waive his/her right to appeal, note receipt by prisoner of this form and of appeal form.
	Signature of Staff / Chal Survey Date 8.29 - 2019
٧i.	Chief Administrative Officer's or Designee's Review
	Remove from administrative segregation status Retain on administrative segregation status
	Signature Date
	INISTRATIVE SEGREGATION STATUS REVIEW MINUTES DOC FORM A - 15.1 - C - E - 8/19/11R ibution: Copies to: Prisoner, Classification, Caseworker, Prisoner's file

Original to: Unit Manager

MAINE DEPARTMENT OF CORRECTIONS PRISONER APPEAL OF SPECIAL MANAGEMENT STATUS

	1 /		1		
	8/29/14	John	1 Conson	2425	
	Date /	Prison	er Name	MDOC #	
	TO: Chief Administr	rative Officer, or o	designee		
	on AUG. 29, 3	₹064, the follo	wing review took place		
	SPECIAL MANAGE	MENT STATUS			
		Review of A	dministrative Segregat	ion status	
	•	Review of P	rotective Custody statu	IS	
			<i></i>		
	Appeal must be subr (3) working days of r			r, or designee, within t	hree
	I wish to appeal for	the following rea	sons: whether I	AM ON AS.SE	9. STAUS
?	ADMIN. Con	Tral UNIT	IS A Down to of	CONTENTION	How-
ي-م	Es, The Adm	UNUSTRATO	on HAS, are	LTime, TAKER	The
3	Sinon That	HAVE TI	MUSTENES STA	H." BLANK STI	HEMENT.
./	rening All	5 yar Th	AT T WAS BI	_	nas
O	WINS AND FO	AllegATT	ans I Threat.	STALL AND RE	1511/5 "
	Holone Has	E (WHA) DEN	Vsma invento	ATION of Alle	94TOWS.
ډې	TOLNOT BEEN	Brought	Paper ANY Sis	Cillinury Boras	s Pasistan
ħ	METHER STI	n'under	ENVESTO'- 4		- may man
20	on " or Just	- PLAIN I	TY. Prisoner's S	ignature John Co	Wear
	Н	,			
	Receiving Person's S	3ignature	Date & Time	Name & Title (Print)	

PRISONER APPEAL SPECIAL MANAGEMENT STATUS

10

DOC FORM

A - 15.1 - C - G - 8/19/11R A - 15.3 - H - D - 12/14/10

Department of Corrections

MAINE STATE PRISON

Memo

To:

Prisoner John Condon (2425)

From:

Deputy Warden Ross

Date:

August 29, 2014

Re:

Appeal of Special Management Status

I am in receipt of your appeal of Special Management Status. After review of your appeal I concur with your Unit Team's recommendation for you to be on administrative segregation status.

Cc: Unit File

COMMISSIONER'S SIX MONTHLY REVIEW OF ADMINISTRATIVE SEGREGATION STATUS

TO: Commissioner, Department of Corrections				
FROM: D	early Warden Troy Ross arden, Superintendent, or Designee MSP _ MCC			
RE: Prison	er Condon J MDOC# 2425			
The above n (6) months. A Status becau	amed prisoner has been on administrative segregation status for the past six Approval is requested to retain the prisoner on Administrative Segregation use:			
	The prisoner's behavior may constitute an escape risk if in a less restrictive status, specifically,			
	The prisoner's behavior may pose a threat to the safety of others if in a less restrictive status, specifically, Investigation by IPS for possible threats towards staff.			
28	The prisoner's behavior may pose a threat to his/her own safety, if in a less restrictive status, specifically,			
	There may be a threat to the safety of the prisoner, if in a less restrictive status, specifically,			
DECISION:	APPROVED DENIED REASON:			
DECISION:	AFFROVED BEITIED REACON.			
Signature, C	J Buth pmmissioner			
DATE AND TIME DECISION RECEIVED AT FACILITY: 9-874 Mexika				
DECISION R	Printed Name / Signature			

MAINE DEPARTMENT OF CORRECTIONS				
	ADMINISTRATIVE SEGREGATION STATUS REVIEW MINUTES			
Me	embers: Copt. Now Off Date: 9-29-14			
	Soft Leonard, Place: SMU			
	OFT. Howlets Harding			
Pri	soner: CONDO, J MDOC: 2425			
i.	The factor of th			
	Administrative Segregation Status Placement form) and any additional information received since placement:			
	of threats toward Stoth. Trucstgation			
1 C				
828-50				
	Prisoner in attendance at review? Yes No if not, reason:			
iI.	Prisoner's Statement			
	I would like to know results of investigation.			
	Attachment(s) (specify):			
III.	Unit Management Team's Decision and its Reason(s)			
	Remove from administrative segregation status			
	Retain on administrative segregation status Reason(s):			
	Pend I have Results of Investigation			
	V Individualized Plan attached			
IV.	Prisoner informed of decision and its basis and received a copy of this review form on			
٧.	Date Time Prisoner informed of his/her right to appeal: Waived right Did not waive right			
	Signature of Prisoner Our Onclass Date 9-29-14			
	If prisoner does not waive his/her right to appeal, note receipt by prisoner of this form and of appeal form.			
	Signature of Staff Capt - South Date 9-29-14			
VI.	Chief Administrative Officer's or Designee's Review			
	Remove from administrative segregation status Retain on administrative segregation status			
	Signature Date NISTRATIVE SEGREGATION STATUS REVIEW MINUTES DOC FORM A 15.1 - C - F - 8/10/11P			
A 1 1841	NISTRATIVE SEGREGATION STATUS REVIEW MINUTES DOC FORM A - 15.1 - C - E - 8/19/11R			

Distribution: Copies to: Prisoner, Classification, Caseworker, Prisoner's file

A - 15.1 - C - E - 8/19/11R



MAINE DEPARTMENT OF CORRECTIONS PRISONER APPEAL OF SPECIAL MANAGEMENT STATUS

Zh.		
Mrt 1.200	(Did / mardoni	243
Date	Prisoner Name	MDOC #
TO: Chief Administrative	Officer, or designee	y.
on S=11-29 13	, the following review took place	
SPECIAL MANAGEMEN	TSTATUS	
F	Review of Administrative Segregat	ion status
F	Review of Protective Custody statu	us .
Appeal must be submitted (3) working days of receive	I to the Chief Administrative Office ing the decision.	r, or designee, within three
I wish to appeal for the fo	llowing reasons: The beau H	418 in 148.527125 ATT CON
PENSING INNERSTATION	N INTO AllegATIONS TO	LATI THISATSUELA STULL
Minder AN ANADATI	ion, which is proven	The farish A MAX
Signifanow Time it as	o days. Dhe Byan h	tell in Administration
SEPAGATION FINE 21	3 DAYS AND THIS HAS	in pass ATYDICAL of
SIGNIGICANT HAMSh	UP ON ME AT 66 YRS.	of AGE. Due process
DEADANAS THAT YOU.	Bing home char.	ed Andrust Me or
A ELEASE ME.		
		G
	Prisoner's S	ignature
Receiving Person's Signat	ture Date & Time	Name of Title (D.)
	ure Date & Hime	Name & Title (Print)
PRISONER APPEAL SPECIAL MANAGEMENT STATUS	DOC FORM	A – 15.1 – C – G – 8/19/11R A – 15.3 – H – D – 12/14/10

Department of Corrections

MAINE STATE PRISON

Memo

To:

Prisoner John Condon (2425)

From:

Deputy Warden Ross

Date:

October 3, 2014

Re:

Appeal of Special Management Status

I am in receipt of your appeal of Special Management Status. After review of your appeal I concur with your Unit Team's recommendation for you to be on administrative segregation status.

Cc: Unit File



PAUL R. LEPAGE GOVERNOR STATE OF MAINE

DEPARTMENT OF CORRECTIONS
111 STATE HOUSE STATION

Augusta, Maine 04333-0111

DR. JOSEPH FITZPATRICI COMMISSIONER

September 30, 2014

Mr. John Condon #2425 Maine State Prison 807 Cushing Road Warren, ME 04864

Dear Mr. Condon:

I am in receipt of your letter dated September 20, 2014.

Policy 15.1 Administrative Segregation status does say Commissioner or Designee. I was designated by Commissioner Ponte and Commissioner Fitzpatrick.

I signed your six month review in the Warden's office after a discussion about whether or not he (the Warden) still believes you are a serious threat. I take the Warden's opinion very seriously and did sign to continue your ad-seg status.

Respectfully,

c/

Jody L. Breton, Deputy Commissioner

Rod Bouffard, Warden Diane Sleek, AAG

PHONE: (207) 287-2711

(TTY) Maine Relay 711

FAX: (207) 287-4370

PRISONER GRIEVANCE FORM Policies 29.1 and 29.2

MAINE DEPARTMENT OF CORRECTIONS

TO BE COMPLETED BY GRIEVANCE REVIEW OFFICER:

DATE RECEIVED 10-8-14

LOG NUMBER

	LUG	MOINDEK	
JOHN CONSON	2425	SMU	
Name	MDOC Number	Housing Unit	

A grievance must be filed with the Grievance Review Officer within fifteen (15) days of the matter being grieved. If you are filing after the expiration of the fifteen (15) day limit because it was not possible for you to have filed a grievance within the fifteen (15) day limit, explain what prevented filing within the time limit in the space below. Explanation:

USE ONLY THE SPACE BELOW

Concisely state the specific nature of your complaint, including all persons and dates involved, and state the specific remedy requested. You must include information showing when the fifteen (15) day time limit began:

A CCORDING TO MOOC POLICY NO. 15.1 (AD.SEG STATUL) PTO E-7 (P.12) - "The CHIEF ADMINISTRATIVE OFFICER OF DE Shall VISIT The LINING HER WHERE THE AD SEG. PRISONER HOUSED AT LEAST WEEKLY" - PALTHO T HAVE SEEN D. W. THUSEK MAKE MISITS HERE, NOT ONCE, NOT ONE TIME HI WHE GLANSSN (THE CAO) COME TO VISIT MY LIVING ARE IN THE 219 LONG DAYS THAT I HAVE BEEN HER SOLUTARY CONGINEMENT HERE TO CHARGE THAT
DERELICTION OF ONE OF HIS MOST IMPORTANT AUTIES.
Signature of Prisoner Date 10/
Before filing a grievance with the Grievance Review Officer, you must have made an attempt at an informal resolution, by submitting this form to a supervisor designated by the facility Chief Administrative Officer within five (5) days of the matter being grieved. Print Name of Supervisor Signature of Supervisor Date of Receipt of Form (or HSA, if applicable)
Complaint Resolved. Describe resolution, including implementation date:
Signature of Staff Resolving Complaint Signature of Prisoner Agreeing to Resolution Complaint Not Resolved. Describe actions taken in attempt to resolve:
18h E / John Laker III attempt to resolve.

Agnature of Staff Attempting Resolution

Original to Grievance Officer Prisoner to keep copy Date Form Returned to Prisoner

MAINE DEPARTMENT OF CORRECTIONS NOTIFICATION OF DISMISSAL AND/OR RETURN

TO: John Condon	MDOC #: 2425	DATE RECEIVED: 10/08/14				
TO: John Condon FROM: W. Atkinson, GRIEVANCE		DATE RECEIVED. 10/00/14				
FROM: W. Atkinson, Onlevance	NEVIEW OTTICEN	- 1				
DISMISSAL						
∑ Your complaint has been dismissed due to the following:						
This matter is not grievable b	ecause:					
 A separate appeal procedure exists. It does not directly affect you. A Departmental employee or contractor is not responsible. This is a complaint about a decision of the Grievance Review Officer. 						
Your complaint is a duplicate of an earlier grievance.						
You did not attempt an informal resolution, as required by the Grievance Policy.						
Your grievance form was filed after the fifteen (15) day time limit had expired and it was possible for you to have filed within the time limit.						
Your grievance appeal form was filed after the fifteen (15) day time limit had expired and it was possible for you to have filed within the time limit.						
There has been an obvious abuse of the grievance process by you in that:						
It is not your place to hold the Wa	arden to policy as it relates	to his duties.				
YOU MAY NOT APPEAL A DISMISSAL						
Well 77 10/15/14						
Signature of Grievance Review Officer Date						
RETURN						
Your grievance form is being returned for you to provide sufficient information to show when the fifteen (15) day time limit began. You must supply this information and return this grievance form for processing						

Signature of Grievance Review Officer

Date

within the original fifteen (15) day time limit.